

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029988

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7720

STATE FILE NUMBER

FILED AUG 9 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

D O A

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

6325 Stratford

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

FRED

Middle

J

Last

GRIMICH

4. DATE

OF

DEATH

Month

July 27

Day

1963

Year

## 5. SEX

male

## 6. COLOR OR RACE

white

## 7. Married

Widowed ☐ Never Married ☐ Divorced ☐

## 8. DATE OF BIRTH

9/5/1904

## 9. AGE (last birthday)

58 years

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

accountant

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Fred J. Grumich

## 13b. MOTHER'S MAIDEN NAME

Crescentia Schmid

## 14. NAME OF HUSBAND OR WIFE

Elizabeth Grumich

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates)

No

## 16. SOCIAL SECURITY NO.

6

## 17. INFORMANT

Elizabeth Grumich - 6325 Stratford

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Acute Pulmonary Edema sec -

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

sequent to Myocardial Degeneration

#### DUE TO (c)

which Congestive Failure

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

422-2

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. Month, Day, Year

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

☐

## 20f. CITY, TOWN, OR LOCATION

☐

## COUNTY

☐

## STATE

☐

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.

Death occurred at \_\_\_\_\_ 11:25 P. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Paul Simon

## (Degree or Title)

Deputy Coroner

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNED

7/29/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

July 31, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Missouri

## 24. FUNERAL DIRECTOR

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

## ADDRESS

5967 W. Florissant Ave

## 25. DATE RECD. BY LOCAL REG.

JUL 29 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

344-2-005

9559

501

95

Местоимения

**X**

32. 1201

1000

St. Louis

**X**

0352 271610

**x**

Howey G. Phillips

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57 4.10.16

GRUBB

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3 Jan

U.S. 2. 12

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Elizabet

hômio2 sctnagard

Fred J. Gursbach

SECRET

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o/y

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signature of Student Embalmer

Signed Walter D. Beahm

Licensed Embalmer No. 455-1

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).**

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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22. J. J. J.

could be so stated above.

2007.15 2107

Is tried

BUCHHEIM'S MONTHLY-2007 W. Forest Street Ave